

These cultures are required as part of the Tennessee Department Health's Communicable and Environmental Disease uses the information for surveillance of infectious diseases.

It shall be the responsibility of the director of a medical laboratory to submit pure cultures of those microorganisms designated by the Health Department for confirmation, typing and/or antibiotic sensitivity, including, but not limited to:

- *Brucella* species
- *Clostridium botulinum*
- *Clostridium tetani*
- *Corynebacterium diphtheriae*
- *Cryptosporidium* (patient information only)
- *Cyclospora* (patient information only)
- *Escherichia coli* 0157:H7
- *Francisella* species
- *Francisella tularensis*
- *Haemophilus influenzae* (**isolates from sterile sites**)
- *Legionella* species
- *Listeria monocytogenes* (isolates from sterile sites required, isolates from all sites requested)
- *Listeria* species
- *Mycobacterium* species
- *Neisseria meningitidis* (**isolates from sterile sites**)
- *Plasmodium* species
- *Salmonella* species (including *S. Typhi*)
- *Shigella* species
- *Streptococcus*, Group A (isolates from necrotizing wound cultures or normally sterile sites)
- *Streptococcus pneumoniae* (**isolates from sterile sites**)
- *Vibrio* species
- *Yersinia pestis*

- Patient's full name, address, date of birth, sex, date collected, and county of residence.
- Physician's name and address.
- Anatomic source of the culture.

Statutory Authority: T.C.A. §§ 4-5-202, 4-5-204, and 68-29-107.107.

TDH Directory of Laboratory Services  
April 2005

## **Reporting of Notifiable Diseases**

Notifiable diseases and conditions are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee.

The instructions and forms for reporting these diseases are in the *Tennessee Notifiable Disease Report Booklet* and are available online at [www2.state.tn.us/health/CEDS/index.htm](http://www2.state.tn.us/health/CEDS/index.htm)  
See pages II - 3 to II - 5.

## Notifiable Diseases

The diseases and conditions listed below are declared to be communicable and/or dangerous to the public and are to be reported to the local health department by all hospitals, physicians, laboratories, and other persons knowing of or suspecting a case in accordance with the provision of the statutes and regulations governing the control of communicable diseases in Tennessee.

### Category 1: Immediate telephonic reporting required followed with a written report using [PH-1600](#)

Anthrax (2) Botulism 1. Foodborne (5) 2. Wound (4) Diphtheria (11) Disease Outbreaks 1. Foodborne 2. Waterborne 3. All Other Encephalitis, Arboviral 1. California/LaCrosse serogroup (121) 2. Eastern Equine (122) 3. St. Louis (123) 4. Western Equine (124) Group A Strep Invasive Disease (53) Group B Strep Invasive Disease (47) <i>Haemophilus influenzae</i> Invasive Disease (54) Hantavirus Disease (23) Hepatitis - Type A acute (16) Listeriosis (94)	Measles (96 Imported, 26 Indigenous) Meningococcal Disease (95) Meningitis - Other Bacterial (102) Mumps (31) Pertussis (32) Plague (33) Poliomyelitis (34 Para, 35 Nonpara) Prion Disease 1. Creutzfeldt-Jakob Disease (118) 2. variant Creutzfeldt-Jakob Disease (119) Rabies - Human (37) Rubella & Congenital Rubella Syndrome (40, 10) Severe Acute Respiratory Syndrome (SARS) (132) Staph aureus Vancomycin nonsen-all forms (131) Typhoid Fever (41) West Nile Infections 1. West Nile Encephalitis (125) 2. West Nile Fever (126)	<b>Possible Bioterrorism Indicators</b> Anthrax (2) Plague (33) Venezuelan Equine Encephalitis (108) Smallpox (107) Botulism (5) Q Fever (109) Staph enterotoxin B pulmonary poisoning (110) Viral Hemorrhagic Fever (111) Brucellosis (6) Ricin poisoning (112) Tularemia (113)
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### Category 2: Only written report using form [PH-1600](#) required

Botulism - infant (3) Brucellosis (6) Campylobacteriosis (7) Chancroid (69) <i>Chlamydia trachomatis</i> (55 Gen, 56 PID, 57 Other) Cholera (9) Cyclospora (106) Cryptosporidiosis (1) Ehrlichiosis (51 HME, 116 HGE, 117 Other) <i>Escherichia coli</i> 0157:H7 (52) Giardiasis (acute) (15) Gonorrhea (60 Gen, 61 Oral, 62 Rectal, 63 PID, 64 Opht) Guillain-Barre Syndrome (133) Hemolytic Uremic Syndrome (58) Hepatitis, Viral 1. Type B acute (17)	2. HBsAg positive pregnant female (48) 3. HBsAg positive infant (480) 4. Type C acute (18) Influenza - weekly casecount (20) Legionellosis (21) Leprosy (Hansen Disease) (22) Lyme Disease (24) Malaria (25) Psittacosis (36) Rabies - Animal (105) Rocky Mountain Spotted Fever (39) Salmonellosis - other than <i>S. typhi</i> (42) Shiga-like Toxin positive stool (115) Shigellosis (43) Staph aureus Methicillin Resistant - Invasive (130)	<i>Strep pneumoniae</i> Invasive Disease 1. Penicillin resistant (50) 2. Penicillin sensitive (49) Syphilis (70-78) Tetanus (44) Toxic Shock Syndrome 1. Staphylococcal (45) 2. Streptococcal (97) Trichinosis (46) Tuberculosis - all forms Vancomycin Resistant Enterococci Invasive (101) Varicella deaths (114) Vibrio infections (104) Yellow Fever (98) Yersiniosis (103)
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### Category 3: Requires special confidential reporting to designated health department personnel

Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV)

### Category 4: Laboratories required to report all blood lead test results (#79)

Physicians required to report all blood lead test results  $\geq 10 \mu\text{g/dl}$

Revised 06/04

## Tennessee Notifiable Disease Report Instructions for Reporting

These pages give the telephone numbers for the TDH Communicable and Environmental Disease Services and instructions for reporting notifiable diseases.



Tennessee Notifiable Disease Report  
Communicable and Environmental Disease Services  
Tennessee Department of Health  
Cordell Hull Building, 4<sup>th</sup> Floor  
Nashville, Tennessee 37247-5281  
**24-hour number (615) 741-7247**

PH-1600 (Rev. 06/04)

RDA-2094

### Instructions for Reporting

All Tennessee physicians, hospitals, laboratories and other health care providers are required by law (**T.C.A. 68-10-101**) to report the occurrence of the diseases and conditions listed on the back cover of this reporting booklet to their County Health Department. Both laboratory-confirmed and clinical diagnoses are reportable within the time interval specified.

Prompt disease reporting enables appropriate public health follow-up for patients, helps identify outbreaks, and provides a better understanding of disease trends in Tennessee. For the latest information from the Communicable and Environmental Disease Services visit the Tennessee Department of Health Web site at <http://www.state.tn.us/health/> - click on Programs and Services, and then click on Communicable Diseases.

1. Use one card for each reportable disease or condition.
2. Fill out the form as completely as possible, given the importance of timely reporting.
3. Laboratories need only complete the front of the form.
4. For diseases such as Hepatitis B, report all symptoms and tests needed to establish the diagnosis.
5. For blood lead, indicate finger stick or venous specimen.
6. Place the card or cards in an envelope marked CONFIDENTIAL and mail to your County Health Department.
7. The stub remains in the book as your record of reported conditions.
8. Indicate in the upper right corner if this is the initial report of an update. Check update if further information (such as a death after the initial report, follow-up blood lead, etc.) is being reported.
9. **Special confidential reporting of AIDS and HIV cases is required by contacting the Communicable Disease Section (615-741-7247) or designated health department personnel.**

## Tennessee Notifiable Disease Report Form

This is the form used for reporting notifiable diseases. The stub remains in the book as you record of reported conditions.

### Front of Form

<b>Tennessee Notifiable Disease Report</b>					<input type="checkbox"/> Initial Report <input type="checkbox"/> Update	
Last Name		First Name		M.I.	Date of Birth	Age   Gender
Address			City	Zip	County of Residence	
Phone (   )			Disease/Organism		Date of Onset	
<b>Laboratory Information</b>				Person Reporting		Report Date
Date	Test	Specimen	Result	Institution		
				Phone (   )		
				Attending Physician		
				Phone (   )		
				PH-1600 (Rev. 12/99) <span style="float: right;">RDA-2094</span>		

Patient's Name

Medical Record Number

Disease

Date Reported

### Back of Form

STD Treatments		Race	Ethnicity	Status of Case
		<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Mixed Race <input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<input type="checkbox"/> Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/> Probable
Hospitalized <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Hospital Name		Died <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of Death
Weekly Total Influenza Cases	Check all that apply: <input type="checkbox"/> Patient is pregnant. <input type="checkbox"/> Patient is a foodhandler. <input type="checkbox"/> Patient is a child / worker in daycare. <input type="checkbox"/> Patient is a healthcare worker.		Comments	
Mail completed forms in an envelope marked <b>CONFIDENTIAL</b> to your County Health Department or Regional Health Office. <input type="checkbox"/> Check here if you need more cards.				